F10:SB47 (00-6)

Approved for use through 04:302000. MB0 654:5016

U.S. Patient and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information untest of stayleys a valid URB control number.

Eav to:

"FFF ADDRESS" INDICATION FORM

Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	571-273-6500
INSTRUCTIONS: The issue fee must have been paid for an address represented by a Customer Number can be purposes (hereafter, fee address). A fee address sho maintenance fees should be mailed to a different a application. When to check the first box below: If address. When to check the second box below: I desired fee address, in which case a completed Req attached to this form. For more information on Custor Procedure (MPEP) § 403.	established as the fee address for maintenance fee uld be established when correspondence related to iddress than the correspondence address for the you have a Customer Number to represent the fee f you have no Customer Number representing the uest for Customer Number (PTO/SB/125) must be
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1,363 the address associated with:	
Customer Number: 22971	
OR	
The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
	10/814,761
Completed by (check one):	
Applicant/Inventor	Signaluje Januari
Attorney or Agent of record _28,651	Rick D. Nydegger
(Reg. No.)	Typed or printed name
Assignee of record of the entire interest, See 37 CFR 3 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	3.71. 801-533-9800 Requester's telephone number
Assignee recorded at Reel Frame	Dexis 4.2858
	Date
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.	
* Total offorms are submitted.	
This collection of information is required by 37 CFR 1,363. The information is required by 37 CFR 1,363. The information is required by 35 U.S.C. 122 and 37 C	red to obtain or retain a benefit by the public which is to file (and by the USPTO FR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete,

to process) an application. Confinemently is governed by 35 U.S. C. 122 and 37 CHR 1.11 and 1.14. This collection is estimated to faite 5 minutes to complete, including gathering, proparing, and submitting the completed application from the USPTO. Three will war depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestance that the USPTO. Three will war depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestance. Any comment of time you require to complete this form, and commence, P.D. Box 1450, Alexandria, VA 22313-1450. DIN OTS SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, and If-800-PTO-9199 and select option 2.